VOICE OF THE DIABETIC

A SUPPORT AND INFORMATION NETWORK

The Diabetics Division of The National Federation of the Blind

Volume 6, No. 3 **Summer Edition** **Page 1**

Drawing insulin and giving injections as a blind diabetic

by Ed Bryant

Ed Bryant, Editor, Voice of the Diabetic, says, "Thousands of blind diabetics self-manage their diabetes by independently drawing insulin(s) with little difficulty."

A major aim of the Diabetics Division of the National Federation of the Blind (NFB) is to provide support and information that helps blind diabetics maintain or regain independence and productiveness. Our national network allows division members and their families to communicate with blind diabetics and those losing their vision. Sometimes newly blinded diabetics don't realize that they can self-manage their diabetes safety and accurately by using alternative techniques.

I have had diabetes for thirty-one years and became blind due to diabetic retinopathy about thirteen years ago. When I first became blind, I did not use insulin gauges to draw my insulin because I didn't realize they were available. Nine years ago, I designed my own insulin gauge and have had no problems in using it.

Because most diabetics have concerns and questions about self-administering insulin as blind persons, the following should be informative for blind diabetics and those interested in diabetes.

HOW TO KNOW WHEN AN INSULIN VIAL IS GETTING LOW

Many methods exist that can be used to determine how long a vial will last. For example, before using the insulin, the vial can be shaken gently. With practice, it will be easy to determine whether the bottle is full, half full or nearly empty. If U-100 syringes are used, U-100 insulin should be used. Each vial of insulin contains 1000 units.

WHEN TO REPLACE AN INSULIN VIAL

When I open a new vial of insulin, I carefully calculate how many days that particular bottle will last. I use a total of twenty units of Regular insulin daily. If I divide the 1000 units (10 cc) of a new insulin vial by the twenty units I use daily, one vial would last me about fifty days. In drawing out the insulin, I take care so that I do not inadvertently draw air. So, as a safeguard, I assume that the new vial contains only 900 units (9 cc), which will last forty-five days instead of fifty. As long as at least sixty units of insulin remain in a vial, and I am careful about keeping the vial in a straight up-and-down position while drawing out insulin, there is no danger of drawing air. Another method of keeping track of the amount of insulin in the vial is to set aside the number of syringes that will be needed for 900 units of insulin. Instead of using syringes, any object such as toothpicks, straws, etc., can be used.

(Continued on page 6)

Voice of the Diabetic is a national publication of the Diabetics Division of the National Federation of the Blind. It is read by those interested in all aspects of blindness and diabetes. We show diabetics that they have options regardless of the ramifications they may have had. We have a positive philosophy and know that positive attitudes are contagious!

News items, change of address notice and other magazine correspondence should be sent to:

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The Diabetics Division of the National Federation of the Blind

A support and information network for diabetics

Diabetes

Complications

Options

DIABETES IS A CHRONIC DISEASE

If you are one of the estimated twelve million people who have diabetes, YOU ARE AT RISK!

- Blindness and vision problems
- Kidney failure
- Loss of limbs
- Nerve damage
- Sexual dysfunction
- Heart attack and/or stroke

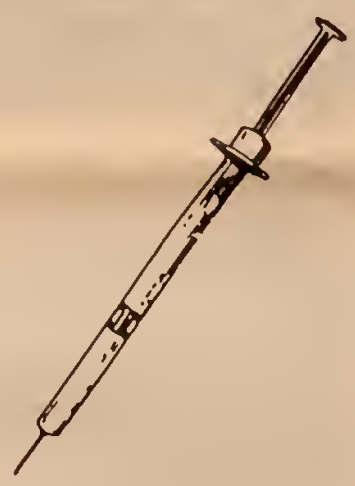
If you have diabetes, YOU NEED THE DIABETICS DIVISION OF THE NATIONAL FEDERATION OF THE BLIND.

- Upbeat, grassroots, volunteer diabetic support group
- National support & information network
- Publisher of magazine ***Voice of the Diabetic***, written by and for diabetics
- Reaches out to diabetics to promote independence
- Demonstrates diabetics have options
- Provides diabetics with proven coping strategies
- Established by blind diabetics, serves BLIND & SIGHTED diabetics

If you are diabetic, YOU NEED the Diabetics Division and THE DIABETICS DIVISION NEEDS YOU.

THE DIABETICS DIVISION

The Diabetics Division of the National Federation of the Blind (NFB) is a dynamic support and information network that serves blind and sighted diabetics, their families, and health care professionals. A grassroots organization, the Diabetics Division was founded in 1985 by blind, diabetic NFB members who recognized that the leading cause of new blindness in adults is diabetes and that all diabetics are at risk to develop any of the ramifications of the disease: blindness, amputation, nerve damage, kidney disease, heart problems, stroke, sexual dysfunction, etc. All work and services, except for part time clerical help, are accomplished by volunteers.



MAGAZINE: *VOICE OF THE DIABETIC*

The most far-reaching means of communication and information is the ***Voice of the Diabetic,*** a quarterly magazine. Each issue features personal, candid stories written by diabetics and other persons who want to share their experiences and/or expertise regarding diabetes and its complications. The stories reflect the upbeat, personal dimension of the Diabetics Division. The articles demonstrate that diabetics have options in spite of side effects.

Emphasizing diet, good diabetic control, self-reliance and independence, the ***Voice*** is an outreach publication. The ***Voice*** features a "Recipe Corner" that lists diabetic exchanges and a column of medical questions answered by an insulin dependent physician. A resource column of aids and appliances provides valued information to blind diabetics so they can manage their diabetes independently. With photos and illustrations, helpful hints, useful articles and carefully selected advertising, the ***Voice of the Diabetic*** provides a forum for discussion of coping strategies by and for individuals who deal with diabetes. The ***Voice*** is available in print and/or on cassette tape. (Tapes are recorded at 15/16 inches per second to accommodate tape players used by the legally blind.)

OTHER PUBLICATIONS AND INFORMATION

The Diabetics Division of the NFB compiles and publishes up-to-date lists of suppliers of aids and appliances. This *Resource List* is available in print, on cassette tape, or in Braille. Other information is published as needs arise in the national network.

PERSON-TO-PERSON SUPPORT

With care, commitment, and understanding, committee members of the Diabetics Division provide information and encouraging support on a person-to-person basis for diabetics. The support committees reach out with listening ears and helping hands to diabetics with need in the following committee areas:

- Blindness/Visual Dysfunction
- Amputation and Prevention
- Get Well
- Heart Disease and Stroke
- Insulin Pump
- Legislative Issues
- Pancreas Transplantation
- Resource Library
- Resources (Aids and Appliances)
- Renal Failure—Dialysis and Kidney Transplantation
- Sexual Dysfunction/Male Impotence

Membership benefits include a free subscription to the ***Voice of the Diabetic,*** access to other publications and to members of the support committees. This national networking also provides free counseling to members. Members of the Diabetics Division automatically become members-at-large of the National Federation of the Blind. Membership costs $5.00 per year. The subscription rate for institutions, and other non-members is $15.00 per year. For further information, to become a member, to subscribe, to submit an article, to order a complimentary copy of the ***Voice*** (specify print and/or cassette), or to communicate in general, please contact: Ed Bryant, Editor, ***Voice of the Diabetic,*** 811 Cherry St., Suite 309, Columbia, MO 65201; telephone: (314) 875-8911.

With a current quarterly circulation of more than 42,000, the ***Voice of the Diabetic*** is growing steadily. SHOULDN'T YOU JOIN THIS DYNAMIC SUPPORT NETWORK? If you are diabetic, the ***Voice of the Diabetic*** can be YOUR VOICE.

The National Federation of the Blind, the parent organization of the Diabetics Division, was founded in 1940 and has more than 50,000 members nationwide. It is an organization dedicated to creating opportunity for all blind persons. In addition to the Diabetics Division services the NFB gives scholarships to blind students, lobbies Congress on issues concerning the blind, and promotes employment for blind persons. Although capable and desirous of employment, almost seventy percent of blind persons remain unemployed or underemployed. Job Opportunities for the Blind (JOB) is a national job referral program which has helped more than 1,000 blind persons find employment. JOB is dedicated to breaking the barriers that prevent blind persons from becoming part of the mainstream. In addition to those services mentioned here, the NFB provides many other services for blind persons. Send requests for information for NFB services, other than those provided by the Diabetics Division, to the following address: National Federation of the Blind, 1800 Johnson St., Baltimore, MD 21230; telephone: (301) 659-9314.

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Formerly TSI & VTEK

Systems for non-sighted measurement of insulin

by Janet Lee

Janet Lee, Vice-President, Diabetics Division of the National Federation of the Blind, is an expert in the fields of diabetes and blindness, and is an insulin-dependent diabetic.

(Note: Janet Lee has been a diabetic for 29 years. She is vice-president of the Diabetics Division of the National Federation of the Blind, and vice-president of the Board of Directors of Blind Learning In New Dimensions, Inc. (BLIND), an orientation center for newly blinded adults in Minneapolis, Minn. She works as a diabetic education consultant in the Independent Management for Blind Diabetics Program at BLIND, Inc. Janet worked as a health educator, an athletic trainer, and an emergency medical technician prior to her work with diabetics at BLIND, Inc.)

In this article I have reviewed three insulin measurement systems intended for use by a diabetic using non-sighted techniques. As the instructor for the Independent Management for Blind Diabetics Program at BLIND, Inc., I do not recommend insulin measurement systems that require sighted assistance or that rely on magnification devices.

Some diabetics find that at certain times of the day they can rely on their vision to accurately measure insulin. At other times visual acuity may fluctuate due to changes in blood sugar levels, blood pressure and/or the retention of body fluid. These changes may leave them guessing at their dose of insulin or relying on others to measure their insulin. A diabetic's eye condition can change daily, making him or her unable to measure insulin using vision.

Most diabetics want and need to have complete control of how they manage their diabetes. If a diabetic cannot rely on vision to accurately measure insulin, he or she must have effective, alternative, non-sighted techniques to be independent.

The systems critiqued below are aids that blind diabetics can use without sighted assistance. In addition to the three insulin measurement systems I have reviewed, other systems exist. However, all of the other systems require sighted assistance. For example, sight is required to adjust a set screw on an insulin gauge. This particular system is not only inconvenient for the blind diabetic who needs to change an insulin dose, but sometimes it's impossible to find a sighted person to make the necessary adjustment.

THE COUNT-A-DOSE

The Count-a-Dose is available from the manufacturer: Jordan Medical Enterprises, 12555 Garden Grove Blvd., Suite 507, Garden Grove, CA 92643; phone: 1-800-541-1193; in California: (714) 530-5123; price: $49.95.

The Count-a-Dose is a simple system to learn; it is well adapted to the use of non-sighted techniques and allows a diabetic to measure 2 to 100 units of Insulin in 2-unit increments; it uses a 1 cc BD syringe. With dimensions of only 4½-by-2 inches, it is small and very portable.

The Count-a-Dose consists of a rectangular base and a T-shaped bar which holds the insulin bottles. The base has the following physical characteristics: in the upper right corner is a raised plus sign (+); below the raised plus sign (+) is a click dial; in the lower right corner is a raised minus sign (—). In the lower left corner there is a raised area. This area has a rounded side and a flat side. The flat side is where the plunger of the syringe is seated. Along the left side of the base is a channel that runs from the lower to the upper left corner. The barrel and flanges of the syringe lie in this channel. There are notches to secure the flanges. In the upper left corner there is a clip that holds the barrel of the syringe in place.

On the top of the Count-a-Dose is a small rectangular hole in which the T-bar is mounted. The T-bar has a small flat tab that slides into the rectangular hole in the base. The cross piece of the T-bar contains two rubber-lined holes used to mount the insulin bottles. On one end of the cross piece is a single large raised dot; on the opposite end are two large raised dots. These dots can be used to correspond to a type of insulin. Most people place the short-acting, or Regular, insulin on the end with one dot and the longer-acting, or NPH, insulin on the end with two dots.

When mounting the syringe in the Count-a-Dose, you may seat the plunger and the flanges first and slide the barrel under the clip, or reverse the procedure. The syringe fits loosely under the clip and the flanges on the syringe can be rocked from side to side. The flanges will seat in their notches properly only if they are pointed horizontally, one to the left, and one to the right as the syringe rests in the Count-a-Dose. If the click dial is not rotated all the way toward the minus sign (starting the Count-a-Dose at zero), you will not be able to properly seat the plunger, the flanges, or the barrel of the syringe. The only other difficulty a first time user may have in mounting the syringe is that the plunger of the syringe may not be pushed completely into the barrel. If the plunger is out even a fraction, the plunger and the flanges of the syringe will not seat properly.

When the syringe has been mounted, the T-bar can be slipped into the rectangular hole at the top of the base of the Count-a-Dose. Place your extended thumb or index finger in line with the rectangular hole. Place the narrow tab of the T-bar against the finger and guide the T-bar into the rectangular hole. This technique eliminates the possibility of damage to or contamination of the needle.

The base and T-bar guide are positioned so that when the needle is inserted into the rubber stopper, all but a very small amount of insulin can be drawn from the bottle.

Using the Count-a-Dose to draw insulin or mix insulin doses is not complicated. It is absolutely necessary that the bottom of the insulin bottle(s) be pointed straight up toward the ceiling when insulin is being drawn. You can eliminate the possibility of air bubbles in the syringe by drawing some insulin into the syringe and then ejecting it back into the bottle. To do this, move the dial a few clicks toward the raised plus sign (+), then move the click dial all the way down to the raised minus sign (—). Repeating this procedure two or three times in succession will clear the syringe of any air bubbles.

If a diabetic would like to measure 10 units of Regular insulin and 16 units of NPH insulin, he/she would usually begin by measuring the Regular, or short-acting insulin. The dial of the Count-a-Dose should be rolled all the way down toward the minus sign (—). Move the dial five clicks toward the plus sign (+). Each click of the dial toward the plus sign (+) will draw two units of insulin into the syringe.

To add the NPH insulin into the same syringe, switch the bottles by lifting the T-bar off the base of the Count-a-Dose, rotate the T-bar 180 degrees and insert the tab back into the rectangular hole. The NPH bottle will then slip over the needle of the syringe. For 16 units of NPH insulin, you move the dial eight clicks toward the plus sign (+).

Finally, remove the T-bar. Slide a finger gently under the plunger to unseat it from the slot. Grasp the syringe by the flanges or the barrel and slide it to the side from under the clip. Return the bracket to zero by moving the dial back to the minus sign.

There are some inaccuracies and omissions in the manufacturer's instructions that may be frustrating to a first time user. The instructions suggest that you use the palm of your hand or the dial to slide the bracket back up into the base of the Count-a-Dose. These instructions are out-of-date. Using the palm of your hand can cause damage to the flexible bracket. The manufacturer now recommends that you use the click dial, not the palm of your hand, to return the bracket to the starting position.

I recommend that the manufacturer, Jordan Medical Enterprises, consult with blind diabetics about developing non-sighted techniques that are effective in the use of its product. These tried and tested techniques could be easily included in the manufacturer's instructional cassette. If non-sighted techniques for teaching and for using the Count-a-Dose were incorporated into the instructional cassette, the first time user's experience would be much more positive.

The instructions begin by showing a complete lack of confidence in a blind diabetic's ability to teach himself or others to use the Count-a-Dose. Demonstrating this erroneous attitude, a statement in the taped instructions says, "... despite the detailed instructions you will receive in print and on the cassette, you should seek the supervised instruction of a sighted person knowledgeable about diabetes." This is ridiculous! Blind diabetics can teach themselves and other blind diabetics how to use the Count-a-Dose safely. Suggesting that a blind person can't teach the use of the Count-a-Dose is the same argument we've always encountered about blind people teaching cane travel. A significant step is taken toward providing positive role models for other blind people when blind people teach a skill.

While on the subject of teaching the blind, it is a good idea for sighted diabetic educators who are working with blind diabetics to use sleepshades when practicing and teaching non-sighted techniques. By actually using non-sighted alternative techniques when practicing and teaching, nurses and diabetic educators instill confidence in their blind diabetic students.

When you receive your Count-a-Dose, save the box. The manufacturer has indicated to me that if your Count-a-Dose is defective, you should return it to the distributor or manufacturer in the original box. The Count-a-Dose does not contain a serial number; however, there is a lot number on the box.

The Count-a-Dose I have described is the U-100 Count-a-Dose. Most diabetics do not have difficulty rounding their doses; however, there are individuals who could benefit from a 1-unit-increment Count-a-Dose. I'm looking forward to the day when the manufacturer markets a Count-a-Dose with a ½ cc syringe which measures in 1-unit increments.

Even A Pharmacy Close To Home Isn't As Convenient As Ours.

Often, it seems that your neighborhood pharmacy isn't all that convenient. Even if it's right next door.

When you're on maintenance drugs, there are a lot of other things you have to take. Like frequent phone calls. Heavy traffic. Bad weather. And long lines.

For the ultimate convenience, try MAIL Rx's home delivery pharmacy. We'll bring 90 days' worth of medication directly to you — with savings from 5% to 35% on each prescription, it's even easier to swallow.

Simply fill out the information here, and send in the form. We'll deliver your prescriptions by UPS within 5 working days after we receive your order. If you have a question or need more information about your medication, our pharmacists are only a telephone call away at 1-800-262-4579.

Open the door to greater convenience and savings. Because soon, your prescriptions will only be a step away.

Save on all your maintenance drugs with NFB's home delivery pharmacy.

Complete and sign this form, enclosing your prescriptions. List drug allergies for each individual family member; use an additional sheet if necessary. Return to: Mail Rx, P.O. 4443, Timonium, MD 21093-4443.

Enrollment Info

M ☐ F ☐ Soc. Sec. # - -

Name

Address, City, State, Zip

( ) ( )

Home Phone Work Phone Birthdate

( )

Doctor's Name Phone

☐ Check or Money Order Amount Enclosed $ _____

Credit Card ☐ Visa ☐ MasterCard Acct. # _____ Exp. Date ___/___/___

I authorize MAIL Rx to debit the above credit card account for goods and services I may order now and in the future. I hereby certify that this information is correct, and authorize release to MAIL Rx

Authorized Card Signature _____ Date ___/___/___

Drug Allergies

M ☐ F ☐

Name Birthdate

Relationship to Enrollee Allergies

M ☐ F ☐

Name Birthdate

Relationship to Enrollee Allergies

Number of prescriptions enclosed _____ Safety Cap? ☐ Yes ☐ No

Ask us about discounts on insulin and syringes.

NFB

Jordan Medical Enterprises also manufacturers a Count-a-Dose used with 40-unit insulin and the 40-unit syringe. Because U-40 insulin is no longer in common use, continued manufacturing and marketing of this product makes no sense to me. In this particular Count-a-Dose, one click equals one unit of insulin.

I use the Count-a-Dose myself and truly appreciate its flexibility, portability and durability. I have adapted the Count-a-Dose to measure other types of injectable medication. I have also provided instruction on the Count-a-Dose to individuals who are not blind, but do not have the physical control over their fingers or hands needed to manipulate a syringe and insulin bottle.

INDIVIDUALLY MADE INSULIN MEASUREMENT GAUGES

In my contact with other diabetics, I have seen a variety of insulin gauges that have been made from all types of materials. Popsicle sticks, tongue depressors, corner molding, syringe covers, plastic bottle caps, insulin syringe plungers, plungers from other types of syringes, plastic carved from coffee can covers, margarine containers or expired credit cards, and a variety of other materials have been used to make insulin gauges.

There are a few materials that I would not recommend be used. Insulin gauges made from cardboard are not very durable and sometimes do not hold the accuracy of their dose. Insulin gauges made from tape and staples do not hold their forms well because the staples move around and the tape expands, stretches, and contracts. Commercially produced insulin gauges are expensive. It is cost prohibitive for a diabetic to order enough insulin gauges to accommodate changes in insulin dosage due to illness or alterations in the daily schedule. These gauges are only accurate within two units plus or minus the intended dose. Although this may not be significant in a larger dose of insulin, it is critical in a smaller dose.

The type and size of material used to make an insulin gauge will be determined by an individual's physical capabilities. For example, a piece of corner molding would be easier for someone with arthritis to use than a small popsicle stick. With information from other diabetics, a blind diabetic can usually come up with an accurate insulin gauge designed specifically for his or her needs.

I have seen some small plastic insulin gauges strung on a large key ring that fit easily into a pocket. I have also seen a handful of popsicle sticks marked in Braille that slip easily into a wallet. Because insulin gauges are inexpensive to make, you can have as many as you need.

A tool I find useful when using insulin gauges is the Hold-ease which can be purchased for $12.75 from Meditec, Inc., 9485 E. Orchard Dr., Englewood, CO 80110; phone: (303) 771-4863. The Hold-ease is a holder for one bottle of insulin. It has a clip that holds the syringe in place and guides the needle into the rubber stopper of the bottle without contaminating the needle. The Hold-ease can be used with any brand insulin bottle and any brand or size of syringe (Lo-dose or 1cc).

When using insulin gauges and mixing doses, you must have an insulin gauge which equals the smaller amount of insulin you are taking and a gauge equal to the total amount of insulin you are taking. For example, if you need 6 units of Regular and 18 units of NPH insulin, you must have an insulin gauge for 6 units and a gauge for 24 units. The 24-unit gauge will add the 18 units of NPH insulin to your 6 units of Regular insulin already in the barrel of the syringe. You will then have a combined dose of 24 units of insulin.

If you use one type of insulin, you will need one insulin gauge equal to the dose you are using. For example, if you need 34 units of NPH insulin, you will need a single insulin gauge that will allow your plunger to move back to 34 units.

Insulin gauges are constructed using simple concepts. On one end of the gauge there is an L-notch. The L-notch will fit on the collar of plastic located between the flanges and the plunger of the syringe. It is important to design an insulin gauge so that the L-notch fits on the collar of plastic rather than resting on the flanges themselves. If you use the flanges to seat the L-notch, you will get a different dose of insulin each time, depending on where you place the L-notch on the flange. Further down the insulin gauge is a small slot where the plunger will seat when you have reached the correct dose for that particular gauge. When making an insulin gauge, keep the slot very narrow. This will insure that when the plunger is seated in the slot there is no play to allow a variation in the dose. The L-notch and the slot must both be on the same side of the insulin gauge.

Depending on the material used, insulin gauges are small, durable, portable and inexpensive. They can be made in quantities to allow for dose changes and replacement gauges. Insulin gauges can be easily marked in Braille. In comparison with the Count-a-Dose, insulin gauges have a minor disadvantage. A blind diabetic will require an insulin gauge for each different dose of insulin used to manage the disease. However, this is usually insignificant because the insulin gauges are small.

The Diabetics Division of the National Federation of the Blind publishes a resource list of aids and appliances which provides information about products for diabetes self-management. This resource list is available in Braille, print, and cassette. The cost for each copy in any format is $1.00. Order from: Annie Weems, Aids and Appliances Chairwoman, P.O. Box 47765, Oak Park, MI 48237-5465; phone (313) 592-1567. Please make checks payable to the National Federation of the Blind.

If you would like a sample insulin gauge, you may write to me. Address your request to Janet Lee, BLIND, Inc., Suite 101, 33 South 5th Street, Minneapolis, MN 55402; phone: (612) 339-8401. If you are requesting an insulin gauge, send a sample of

(Continued on page 7)

Ask Dr. James

by Ronald James, M.D.

Ronald James, M.D., long-term insulin-dependent diabetic, directs Midwest Diabetes Treatment Center, Columbia, Mo. Dr. James is also Medical Director of the Missouri Diabetic Children's Camp, Inc.

(Note: If you have any questions for Dr. James, please send them to the editor. The only questions Dr. James will be able to answer are the ones used in his column.)

Is it true that diabetes is a sex-linked trait? For instance, if a father is diabetic, will his sons develop it? Or, if a mother is diabetic, will her daughters develop it?

No. Diabetes is not a sex-linked trait. Daughters and sons of parents with diabetes are equally likely to develop Type I diabetes. Type II diabetes seems to be twice as prevalent in females as in males but this is probably related to other factors such as pregnancy, body weight, etc. and is not sex-linked.

Do diabetic females have sexual dysfunction problems?

Unlike diabetic males in which there may be maintenance of sexual desire with loss of sexual ability, there is little documented evidence that diabetic females have an increased problem with sexual function.

In young insulin dependent diabetics, could the growth hormones be inhibited so that they would need to be medically administered? If yes, what are the warning signs of this condition?

Growth hormone levels in the diabetic do not seem to be inhibited. For any given elevated level of blood glucose, the growth hormone level seems to be elevated. However, the closer the blood glucose is brought to normal by treatment of the diabetes, the closer to normal the growth hormone level becomes.

If a non-diabetic woman is pregnant, could the fetus have diabetes in utero? If so, how is this handled?

As far as I know, fetuses do not have diabetes and babies are not born with it. Therefore the concept of a fetus having diabetes is of no real concern.

Study: Diabetes rates rising in Europe, but not in U.S.

NEW YORK (AP) — Diabetes rates have been rising in Europe and New Zealand but not in North America, bolstering suspicions that some environmental factor may promote the disease, a study says.

The research focused on the most serious kind of diabetes, in which a person must inject himself with insulin daily to stay alive. About 1 million Americans are estimated to have this form.

Genes are partly responsible, but scientists also suspect some kind of environmental trigger like a virus or something in a child's diet.

The new work is reported in the July issue of the journal *Diabetes* by scientists from 10 countries and the World Health Organization. It focused on data from 1966 to 1986.

In Leicestershire, England, rates rose 11.5 percent a year for children up to age 4, 12.2 percent for children ages 5 to 9, and 2.6 percent for children ages 10 to 14, researchers said.

In other locations, increases were similar among the three age groups. Diabetes rose 10.1 percent among white children in Auckland, New Zealand.

Other increases included 5.6 percent in Wielkopolska, Poland, 5.1 percent in Austria, 3.7 percent in Sweden, 3.4 percent in Finland and 2.8 percent in Norway. Although the percentage rises were faster in Europe than in Scandinavia, Europe's diabetes levels were only a third to a fifth of Scandinavia s to begin with, researchers said.

No significant trend appeared in samples from Alabama, Colorado, Minnesota, North Dakota and Pennsylvania.

(*Note:* This article appeared in the *Globe*, Joplin, Mo.)

Smoking — it adds to AIDS, diabetes toll

by Eric Adler

If lung cancer isn't enough reason to stop smoking, doctors have come up with two more: cigarettes' effects on AIDS and diabetes.

In separate studies, researchers have discovered that smoking increases the risk of death for diabetics dependent on insulin and that it speeds the progression of AIDS in people infected with HIV, the virus that causes AIDS.

At the University of Pittsburg and Children's Hospital, researcher Claudia Moy found that the risk of death for insulin-dependent women who smoke heavily was more than twice that for diabetic females who do not smoke.

Heavy smoking was defined as one pack a day for at least five years.

Because diabetes itself raises the risk of death tenfold, heavy smoking caused the diabetic women's risk of death to skyrocket to more than 20 times that of healthy women.

At the University of California-Berkeley, researchers discovered that cigarette smokers in a group of 318 HIV-infected men were nearly twice as likely to develop AIDS during the 56-month observation period than were non-smokers.

The researchers theorize that smoking may have caused the rapid depletion of important immune cells.

(*Note:* This article appeared July 22, 1990, in the *Kansas City Star*, Kansas City, Mo.)

Drawing insulin and giving injections

(Continued from page 1)

DISCARDING VIALS OF INSULIN THAT HAVE 60 TO 100 UNITS REMAINING

After starting a new vial, the insulin in the old vial can be drawn out and transferred. This will save money. Caution: after a period of transferring insulin, the insulin will become outdated and should not be used. If using this procedure, be sure that the insulin being used has not expired.

HOW TO INSURE CORRECT MEASUREMENT OF INSULIN

I periodically have my insulin gauge checked for accuracy; it has always measured precisely. If the diabetic is careful, difficulty in measuring insulin will not be encountered. I have found that inaccuracy is often the result of haste or carelessness.

It is reported that insulin gauges are more accurate than sight. When the plunger is pushed firmly to the gauge, the same amount of insulin will be obtained every time. Sometimes my sighted friends make errors in drawing insulin. Perhaps they would measure more accurately by using insulin gauges. Note: because all syringes are mass produced, and despite quality control, some errors are made in syringe markings.

THE POSSIBILITY OF INSERTING A NEEDLE INTO A BLOOD VESSEL

Chances of inserting a needle into a blood vessel are minimal since injection sites are in fleshy areas. Because insulin needles are short, the worst that can be done is to hit a small capillary. Hitting a capillary would result in a small area becoming infused with blood. This is called a hematoma. Again, it is unlikely that the needle will be inserted into a small blood vessel. The amount of insulin entering the bloodstream via a capillary would be insignificant and would cause no harm.

HOW TO GET AIR BUBBLES OUT OF AN INSULIN SYRINGE BEFORE USING IT

As a blind diabetic, I have successfully drawn my own insulin without air bubbles for several years. I mix my insulins. When I draw from the first vial, I draw a little insulin into the syringe and then I inject all of it back into the vial. I can feel the air bubbles as the insulin returns to the vial and often I can hear them. After repeating this procedure three or four times, I flick the syringe near the hub with my fingernail to expel any air present. I then slowly draw the full amount of insulin needed from the first vial. When I draw insulin from the second vial, I draw the exact amount needed. Again, I flick the syringe a few times with my fingernail. I have had this checked several times and there have never been air bubbles present. Air that is in the needle is ejected during the procedure used with the first vial of insulin.

I have no problems managing and keeping my diabetes under control. I am able to control my diabetes through the use of alternative techniques which many members of our organization, the National Federation of the Blind, use daily to live active lives. Many alternative techniques are utilized by blind diabetics to enable them to be just as productive as when they were sighted.

Come to us and ask for assistance. We are ready, willing and able to help. We in the National Federation of the Blind know that blindness is not synonymous with inability.

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[1] F. Fatkowski "Effect of Technique Variations on Test Results of a Blood Glucose Monitoring System" AADE Meeting Presentations; August 1988

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Measurement of insulin

(Continued from page 5)

the syringe you are using, because insulin gauges are cut specifically for the brand and size of syringe. This is important: an insulin gauge that has been cut for a 1 cc BD syringe cannot be used on a 1 cc Monoject or on the ½ cc syringes. In addition, please send a blank cassette and be sure to include your return address.

THE PALCO LOAD-MATIC

The Palco Load-matic is available from Palco Labs, 1595 Soquel Drive, Santa Cruz, CA 95065; phone: 1-800-346-4499; in California: (408) 476-3151. The cost is $49.95.

The Palco Load-matic, an insulin gauge, is designed to allow a diabetic to measure 10-unit increments and/or single-unit increments of insulin. It uses only 1 cc BD syringes. It is 9 inches long and 2¼ inches wide. The Load-matic can be set at various doses. It has a lever that allows the diabetic to move the gauge in 10-unit increments. The dial, located on the side, allows the gauge to move in 1-unit increments. For example, if 33 units of insulin are needed, depress the lever on the left side three times for the three 10-unit increments (30 units) and move the dial on the right side three clicks for three 1-unit increments (three units).

In theory the Palco Load-matic is great. If it worked as smoothly as I described it, it would be an important addition to the aids available for non-sighted measurement of insulin. The practical application, however, leaves a great deal to be desired. Had the manufacturer consulted with blind diabetics, a number of difficulties would have been discovered early in the development of the Palco Load-matic.

The Load-matic has a bracket that securely holds the syringe in place by the barrel and flanges. However, the flange notches are difficult to locate tactually. The location of the flange notches is not identified in the manufacturer's instructions.

The insulin bottle can be mounted easily on the needle without contamination or damage to the needle. The insulin bottles are inserted into two cylinders that come with the Load-matic. These cylinders cover the sides of the bottles where many diabetics place Braille labels to identify the type of insulin. If you use the Load-matic, I suggest you switch to marking your bottles of insulin on the bottom end of the bottle.

The cassette instructions contain very little information about tactile landmarks. The instructions would be easier to follow if tactile clues were included. It would be helpful to know where the flange notches are located and where the plunger will seat for an accurate dose. The sound effects on the instructional cassette for both the dial and the lever give good audio clues for the Load-matic operation.

The dial on the side, which is used to measure 1-unit increments, has a tactile system for identifying zero. The dial is serrated everywhere except at zero where it is smooth. It is difficult for a blind diabetic with neuropathy to distinguish between these surfaces. There is a raised dot on the flat side of the wheel that is a much better indicator of the position of the dial.

The dial sometimes does not operate smoothly and it is difficult to determine whether it has clicked into position. The dial is moved to a horizontal position to unlock the mechanism that will allow you to operate the lever on the left side of the Load-matic. This lever measures the 10-unit increments. The lever must be depressed fully to get ten units. It is possible to partially depress the lever and mistakenly get less than ten full units. Because of its size and shape, the Load-matic is difficult to operate when being held in the hand. The Load-matic cannot lay flat on the table because the dial in the horizontal position raises one side of the device off the table. This makes the depression of the lever awkward. If you use your thumb to depress the lever and stabilize the device with your other fingers, the moving parts of the gauge will be obstructed by your fingers. This blocks the mechanism from moving a full ten units.

Before you begin to draw insulin, the dial must be locked in the vertical position. On the inside of the dial there is a notch which is used to seat the plunger for the correct dose of insulin. This notch is shallow and difficult for a diabetic with neuropathy to find. Because there is so little space between the lever and the dial, it is difficult to pull the plunger back.

Whether I travel or manage my diabetes at home, I want an insulin measurement device that is small and portable. Being twice the size of the Count-a-Dose, the Load-matic is bulkier and not as sturdy. I recommend the Count-a-Dose or individually made insulin gauges rather than the Palco Load-matic. The Load-matic is a good idea, but its design is seriously flawed.

(Editor's Note: Janet Lee is preparing a review of the Novolin Pen, an insulin delivery system for use by blind consumers. The review will appear in the next issue, Fall 1991, Vol. 6, No. 4 of the ***Voice.)***

If you or a friend would like to remember the Diabetics Division of the National Federation of the Blind in your will, you can do so by employing the following language:

"I give, devise, and bequeath unto Diabetics Division of the National Federation of the Blind, 1800 Johnson Street, Baltimore, Maryland 21230, a District of Columbia nonprofit corporation, the sum of $_____ (or "_____ percent of my net estate" or "the following stocks and bonds: _____") to be used for its worthy purposes on behalf of blind persons."

Living in two worlds

by Royanne R. Hollins

Royanne R. Hollins has learned alternative techniques which enable her to remain active and continue working as a paralegal.

(**Editor's Note:** Royanne R. Hollins is chairwoman of the Insulin Pump Committee for the Diabetics Division of the National Federation of the Blind. She is active and uses alternative techniques to enjoy life and to work as a paralegal.)

I'm living in two worlds. Living in two worlds is confusing. The two worlds I speak of are the sightED world and sightLESS world.

My journey from the sightED to the sightLESS world began in December 1985 when my diabetic retinopathy advanced to the proliferative stage requiring laser surgery and close follow-up. It is truly hard to believe that my vision was 20/20 and 20/25 at that point in time. It seems like a long, long time ago. Today, five years later, I have only light perception in one eye and progressively deteriorating vision in the other. With a loss of visual field, my current vision is about 20/600 with correction. This journey has not been easy. It has been slow. There have been times when I have wished all of the progression would happen at once; I have wished to get it over with. Now, however, I am really thankful for every bit of vision that remains.

Making this journey from the sightED to the sightLESS world is a challenge. There is so much to learn that will help me remain independent in daily life. To function in the sightLESS world, I have learned Grade II Braille. I have marked my kitchen, laundry room and other areas of my home. I travel with a long white cane or my guide dog, Willow. I listen to the Library of Congress talking books on tape. I use my Arkenstone scanner, LP-DOS, a voice synthesizer, and large print output on my computer at the office. At home I use LP-DOS and large print output on my computer. (Editor's Note: LP-DOS, "Large-Print-Disk Operating System," is computer software.) With this special equipment, I am still a part of the sightED world; I read large print documents with a magnifying glass and use the large print DOS (LP-DOS) on my computers. I don't want to let go of that sightED world just yet.

Living in both worlds is frustrating. My Braille skills get rusty if I do not read Braille daily. I rely on my guide dog, Willow, to enable me to travel safely day by day. **Traveling without my guide dog or long white cane is treacherous.** I've had many unpleasant experiences. Overhanging objects seemed to grow overnight; potholes and puddles appeared moments before my arrival; walls and hedges must have parked themselves in their new locations while I slept at night.

I'm often handed documents at work and at home in regular print. Although I desire to read them without the need of special equipment, I have to use my scanner, large print DOS and voice synthesizer in combination so that I can "read" the documents at work. I'm definitely not like others in the group who are sightED. SightED people see details in their surroundings. I don't. If something is more than five feet away from me, I have trouble deciphering it. If something is across the room or across the street, I can forget trying to figure out what the object is. If you were to sit across from me in my office, I would not be able to see your face in great detail although I could tell who you are. Wherever I go, I am frustrated by people's faces being blurry.

I know many people in the totally sightLESS world who wish they could have my experiences. I have not identified with the sightLESS world because I come from the sightED world with sightED experience. Because I am on the journey between the sightED and sightLESS worlds, I don't fit completely in one world or the other. Being human, I have needed identity and support from a group of people with sightED experience who were on the journey preparing to enter the sightLESS world. So, what I have done is to reach out into the community to others who are just like me. I found that the diabetic community alone has thousands like me. I've come to know some people in the "just like me" group; we have grown to be dear friends. Together we've learned Braille. Together we've obtained our Guide Dogs. Together we've discussed our technological needs and the benefits of technology in our jobs and at home.

I understand now that the sightED world and the sightLESS world coexist. They coexist in those of us who are making the journey. There is nothing negative about the sightLESS world; it is just a different world to live in. The people living in the sightLESS world are as worthy as those in the sightED world. Those of us living in both worlds are no less worthy than those of either world.

Even though my journey from one world to the other continues, I work with my retinal specialist to postpone or even prevent completing the transition from one world to the other. For this reason, I undergo laser surgery after laser surgery, almost monthly dilation examinations, vitrectomies, cataract surgeries, or whatever else it takes. I listen to my doctors and follow their advice. I pray and thank God for this precious life I have been given to live. I pray and thank God that I live in this day and age of medical miracles. It is very hard to let go of something as precious and dear as vision.

What world do I live in? I live in both. I adapt in the sightED world as I learn how to live in the sightLESS world. Am I sightED or sightLESS? I'm both. Although I may be called visually impaired, many people in the sightED world call me sightED. However, because I have difficulty seeing many things and because I am legally blind, others in the sightED world call me sightLESS. We should establish a new category called VISUALLY IMPAIRED but really BLIND.

Sight is such a very, very precious sense. Like all of the other senses, people do not realize how precious it is until it is either gone or threatened in some manner. When sight is threatened, becomes impaired, or is destroyed, a person makes that journey from the sightED to the sightLESS world. The journey is always a time of transition. During transition, the person should learn all he can to better cope with the new world.

So, for now, I live in two worlds. Both of these worlds are filled with worthy people. Both of these worlds are beautiful. Trust me. I know. I live in *both* the sightED and sightLESS worlds.

Go take a hike — and do yourself a favor

By Dorothy Stiefel

For some years now, the feet have been trying to take care of the rest of the body in many ways. But some of the ways we exercise have been found to be self-defeating because of over-exertion or stress-related injuries. It's no fun to not feel good after exercising, and after all, since when does self-abuse equate with maintenance of good health?

I can remember when running was the "in thing." It was go, go, go, and I used to get tired just looking at the runners in the heat with muscles shining with perspiration and red faces beneath their visors. Some were jogging to rock music seemingly in a trance, and some were belabored by an overweight body, but trying to keep up with their more slim and trim fellow joggers.

Little by little, the disheartening reports started to surface. Running wasn't all that good. Runners were developing orthopedic problems from running incorrectly. Joggers came down with heat stroke, dehydration, and a whole gamut of health problems. I thought to myself, "This is relaxation? This is good for me?" So, I continued to exercise by digging in the backyard garden. I'd been doing that for years and I could attest that it was safe.

In 1976 I took part in a "Turkey Trot," a walkathon in which I had to run to keep up with the fast-walking pros. This "trot" was the closest thing to running that I felt I could do safely without getting the body all tangled up with my environment in some way or another. I learned "aerobic walking," a fast walk which looked like a person was running from the waist up, while the legs walked at a quickened pace. It certainly raised my heart rate! At least that was safer for me, but it wasn't enjoyable. "When was all this going to become fun?" I thought. If I had to work so hard to be "healthy," it would take all the pleasure out of life, and I would just have to be less healthy than the rest of my peers. I was to learn that evidently I was not alone with such misgivings.

After the initial physical fitness craze that triggered a rash of health spas, athletic programs and sports paraphernalia began to level off, it seemed that people were starting to realize that beneficial exercise need not cost an arm and leg, and could be incorporated into a daily routine. *The University of California-Berkeley Wellness Letter* (May 1989) states that something definitely happened to the fitness movement between 1984 and 1987. Hard exercises had declined and "exercise walking has become the fastest growing exercise in America." Instead of paying to learn how to work hard — ostensibly for their health — people were now beginning to go "soft" on themselves and make with the feet to fit — not only the shoe — but their daily routines, lifestyles and entertainment.

This was certainly good news for me. Now I could do like the others: walk, a lot. As a borderline hypertensive I had started cycling on a stationary bike, but I still felt as if I didn't have complete freedom of move-

ment. It was then that I bravely ventured out around the neighborhood with my white cane. I accomplished two things: getting daily exercise and learning better mobility skills on my own. Gradually I eased into a comfortable endurance time of a half hour a day, and I decided that walking, indeed, is the best, most natural and safe way to exercise.

Even though we've all been walking all our lives and it can't very well be considered a "trendy" exercise, the truth of the matter is that walking has the best "track record." Another plus was that I was losing weight without trying. It is just a myth, I soon learned in an article appearing in *Women's Health and Fitness News* (Feb. 1989), that the harder a person exercises, the more fat will be burned. The fact is that "longer duration and lower intensity are the keys to losing fat," and that "walking is considered the premier weight-loss activity."

Shoe selection is also an important factor in keeping the total body fit. The wrong shoes can negate the benefits derived from walking. With so many different kinds of shoes, you may wonder which will be the right type for you. John Waller, Jr., M.D., an orthopedic surgeon in New York, recommends running shoes "for my patients who walk for exercise. They're light and especially designed for fast walking." I wear socks that add cushioning to the total fit, and stay with one special pair of shoes for extended walking exercise.

Having become convinced that I'm on the right track (pun intended), I'm hooked for life with what walking does for me:

1. Increases body circulation. After two miles and 30 minutes my feet feel like I'm walking on air, and my body seems to move with less effort.
2. Increases general circulation — and I am conscious of better oxygen flow to the eyes.
3. Decreases the urge to snack and slowly but surely takes off pounds and trims up the waistline and tummy muscles.
4. Relaxes all muscles, especially the aching shoulder and neck muscles from long hours at the computer.
5. Insures the 20 minutes of sun in the winter and 10 minutes in the summer (necessary for Vitamin D absorption).
6. Gets rid of mild depression (especially since my home is also my workplace).
7. Builds up the hamstring muscles (and with a cane adds exertion to the upper arm. I switch hands every five minutes).
8. Walking every day keeps my hypertension at bay!
9. Walking in my neighborhood allows me to chat with neighbors (and at the same time introduce them to what a white cane is!).
10. Walking is fun — and it works.

To get rid of the doldrums and lend more life to the psyche, get out, enjoy the outdoors, and keep that best foot forward.

(*Note:* This article appeared Summer 1990 in *Dialogue* magazine's health column. Reprinted with permission from author.)

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A letter to the editor

Wayland, Massachusetts
November 1, 1990

Editor
VOICE OF THE DIABETIC

Dear Sir:

I want to commend you on the outstanding publication you provide for blind diabetics and the professionals who work with them.

I am a resource specialist in the field of visual impairment and blindness. I have worked in this area for more than 25 years. In order to provide appropriate resources to blind and visually impaired people, I screen multiple sources pertinent to the various problems associated with blindness. *Voice of the Diabetic* is a major contribution to the blind community.

Thank you for helping me help so many others by making this publication available.

Sincerely,
— *Mimi Winer*

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Walking Alone and Marching Together

A book review

by Euclid J. Herie, LL.D., and Gerald Dirks, Ph.D.

Dr. Euclid Herie coordinates the programs serving the blind in Canada and is Treasurer of the World Blind Union.

(Editor's Note: The following appeared in the April 1991 issue of *The Braille Monitor,* a national magazine published by the National Federation of the Blind.)

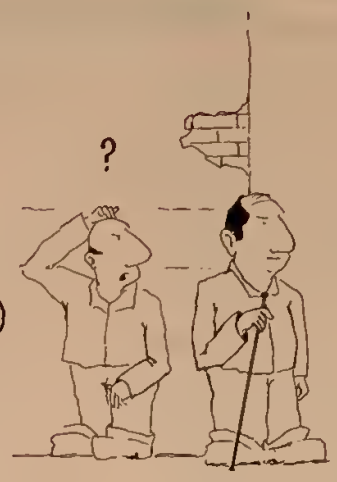
*From the Editor: Dr. Euclid J. Herie is the President and Chief Executive Officer of the Canadian National Institute for the Blind. Dr. Gerald Dirks is an Associate Professor at Brock University, St. Catharines, Ontario. **Walking Alone and Marching Together: A History of the Organized Blind Movement in the United States, 1940-1990** by Floyd Matson, ©1990, 1116 pages, ISBN 0-9624122-1-X, may be purchased from the National Federation of the Blind, 1800 Johnson Street, Baltimore, Maryland 21230, in print (photos, hardcover) or on cassette (4-track, 15/16 ips) for $30.00 plus a $3.00 shipping and handling charge per copy. Use VISA, MasterCard, Discover Card, check, money order, or institutional purchase order. Here is the book review:*

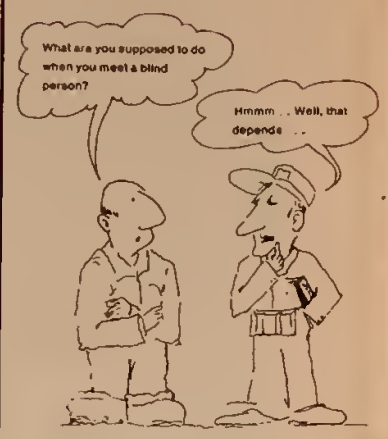
This massive volume constitutes the official history of the National Federation of the Blind. This is the largest organization of blind people in the United States and likely in the world. Using extensive quotations drawn from the speeches and published writings of the National Federation of the Blind's two most prominent leaders over its fifty-year history, Drs. Jacobus tenBroek and Kenneth Jernigan, the author comprehensively chronicles the birth, evolution and growth of this fifty thousand-member organization of blind Americans.

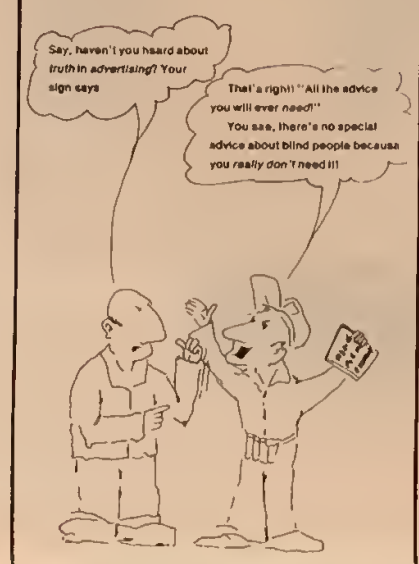
The book is substantively researched and based, to a large extent, on archival holdings, including

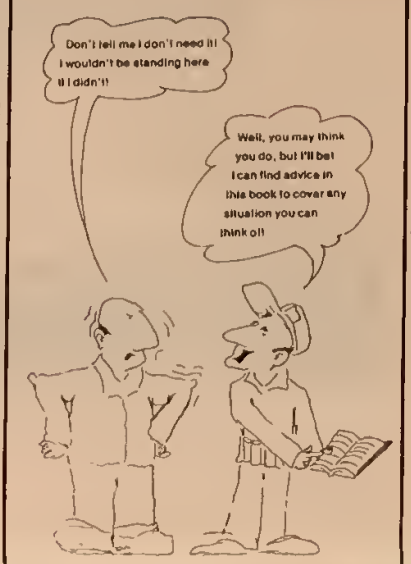
(Continued on page 14)

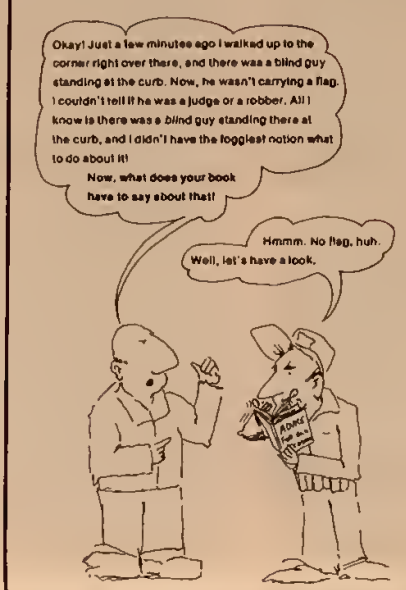
The Encounter

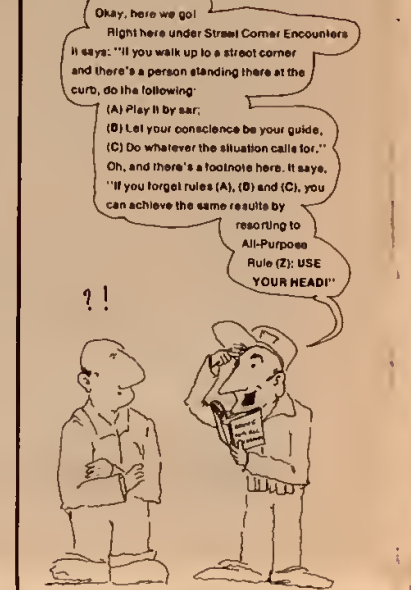


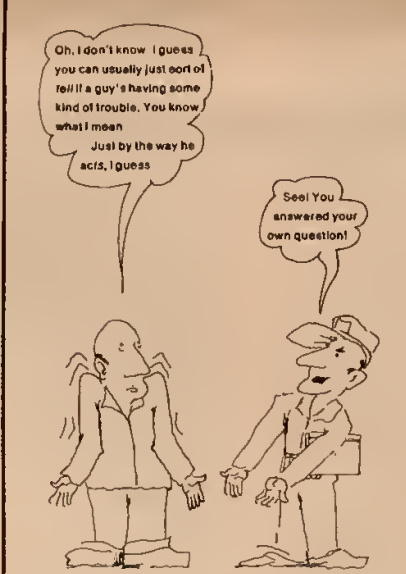












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The power of prepositions

by Zach Shore

Zach Shore explains the importance of prepositions.

(Editor's Note: This article appeared in the Winter, 1991 issue of the *Blind Washingtonian,* the publication of the NFB of Washington.)

Prepositions show relationships. Although many of them are tiny words, they possess great power. When they are misplaced, much damage is done. For example, the slightest reversal will prevent us from knowing whether to take our clothes in *off* the line, or take our clothes off *in* the line.

Few groups know better the power of prepositions than the National Organization for Women. Over and over again, people mistakenly refer to this group as the National Organization *of* Women. Once, a politician, seeking NOW's endorsement, made this slip while addressing an audience of NOW members. The tragedy for him is that he was not conscious of his error and continued to foul up the name. I do not believe he won NOW's support.

Is there something unnatural about the phrase "The National Organization for Women?" One would almost have to conclude, from the constant repetition of the mistake, that the preposition "of" simply flows more readily from the tongue. One would think so, until one encountered the National Federation of the Blind.

This advocacy group, comprised of blind people, is almost invariably referred to by the public as the National Federation *for* the Blind. Not only have polished public speakers and media commentators made this blunder countless times, but many people have misread the preposition when they had it clearly written in front of them.

How can we account for this perplexing paucity of prepositional precision? Can it be shrugged off as mere coincidence, or diagnosed as a case of constant mass dyslexia? It might if there were no other rational explanation handy, but there is one.

Prepositions do show relationships, and they are not selected at random. The National Organization for Women is not an organization comprised solely of women. It includes men in its struggle for equal rights for women. The National Federation of the Blind is an organization consisting primarily of blind citizens. Sighted members are included in its efforts to achieve first-class status in society, but its name emphasizes that it is the blind who are speaking.

The prepositions "of" and "for," when properly placed in a name, tell us much about the relationship between the members and the group. Likewise, when the prepositions are misplaced by speakers, it helps show us the relationship between the speaker and the group. We are so used to hearing about charitable institutions devoted to helping the blind, that it is unusual for us to think of blind people as having their own civil rights group. We are much more used to thinking of things being done to and for the blind, rather than of and by the blind.

Such has become the case with women in this country, only in reverse. Since the rise of feminism, many people have grown accustomed to hearing about "women's only" clubs, concerts, support groups, and so on. Consequently, some people are immediately likely to think of a group being *of* women rather than *for* women.

One thing is certain: most of us rarely speak with precision and we often don't say what we really mean. Generally, a slip of the lip is just that — an accident. Sometimes, however, our sloppy speech reveals exactly what we think. In the cases of NOW and NFB, two tiny prepositions have the power to show us who we are and what we believe.

NFB of California establishes first diabetics chapter in nation

by Donovan Cooper

Donovan Cooper is the newly-elected Diabetics Division President of the NFB of California.

(Editor's Note: This article appeared Spring 1991 in ***The Blind Citizen,*** a publication of the NFB of California. This article may serve as food for thought for others.)

Persons who have diabetes, the leading cause of blindness among adults, are twenty-five times more likely to lose their eyesight than non-diabetics. Diabetic retinopathy, the process through which eyesight is lost, is a long-term consequence and may occur fifteen to twenty years after onset. Because diabetics who have type I diabetes usually experience the first symptoms as children, they are at an even greater risk of becoming blind than those who have type II diabetes.

Diabetic retinopathy is only one of several common complications of diabetes. Other complications can include kidney disease, peripheral artery disease, peripheral and/or internal organ neuropathies, heart attack, stroke, male sexual dysfunction, and female childbearing difficulties. Although complications can be minimized through proper management of diabetes, complications can occur regardless of the propriety of management. Many side effects can be successfully treated with medical techniques.

Modern medical practice stresses diabetic education and self-management of the disease. Because blindness is one complication that can impose problems in self-management, the blind diabetic must learn alternative ways of measuring blood sugar and insulin dosages, maintaining records, observing dietary constraints, and getting exercise. Educating both diabetics and medical personnel about appropriate alternative techniques is an essential task.

New medical approaches to the treatment of diabetes' ramifications are constantly being developed, refined, and improved. Those diabetics and medical professionals armed with knowledge of the new techniques have a distinct advantage over those who are without this knowledge. The sharing of information on these medical techniques has become as important as the education of diabetics in self-management.

The National Federation of the Blind (NFB) Diabetics Division was formed in July 1985 in order to address this need for education and dissemination of information. Over time, the information has proved to be of great value. In addition to information, emotional support is provided to diabetics and their families in times of medical crisis. Indeed, the Diabetics Division information and support network fills a void in diabetic care. It is natural that the National Federation of the Blind devote some of its energies to the issues faced by blind diabetics and other diabetics for whom blindness is a very real possibility.

The NFB Diabetics Division publishes a quarterly magazine entitled ***Voice of the Diabetic.*** The ***Voice*** now has a circulation of more than 42,000 and is read in the United States and several foreign countries. The magazine is unique in the field of the treatment of diabetes in that many of its articles are written by its diabetic subscribers. This "grass roots" effort by diabetics to support and educate each other is what characterizes the Diabetics Division and its magazine, ***Voice of the Diabetic.***

Adding a new dimension to the National Federation of the Blind, the NFB of California Diabetics Chapter was formed and organized during the 1990 State Convention of the NFB of California. By addressing state and local issues of importance to diabetics, especially in California, the new statewide chapter is designed to augment the information and support services of the NFB Diabetics Division. Among the issues to be considered at the state level are those involving medical care, medical insurance, technology, rehabilitation, SSDI and SSI, job discrimination, and community and family support.

History may show that the formation of this chapter was a landmark event. This is the first Diabetics Chapter to be formed within the National Federation of the Blind and the NFB Diabetics Division. Several states have Diabetic Affairs Committees or Diabetic Divisions, but California is the first state to have a Diabetics Chapter. As a chapter, it elects its own board and engages in its own fund raising projects. It is organized and has a constitution much like that of other NFB of California chapters and has all of the related rights and responsibilities.

The organizational meeting produced four officers and one board member, each elected for a two-year term. Serving as president of the newly organized Diabetics Chapter is

(Continued on page 14)

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Walking alone and marching together

(Continued from page 9)

back issues of the *Braille Monitor,* the monthly publication of the National Federation of the Blind, presidential addresses before the organization's annual conventions, and correspondence between the Federation's executives and a host of individuals representing diverse points of view from within and beyond the National Federation of the Blind. This living history breaks new ground by exhaustive thoroughness in the sense that rather than describing what has been done by agencies and associations for the blind, the focus instead is on what this segment of American society, labouring collectively for themselves within one dynamic organization, has striven to accomplish over the past half century.

Dr. Matson has chosen to concentrate upon many of the chronic and discriminatory issues with which blind Americans have had to cope. He has described the connection between these varied issues and the development of a type of class consciousness or awareness within the blind community and has identified the dynamism provided by a few powerful leaders who transformed class awareness into committed collective action.

Through his writing style and approach, the author has successfully enabled the reader of this narrative to enter the world of the National Federation of the Blind's early and contemporary leaders and acquire a real appreciation for their trials, tribulations, and ultimate victories.

The National Federation of the Blind emerged as a result of the need to address a broad range of economic and social issues and has continued throughout its existence aggressively and innovatively to resolve both bread and butter, as well as attitudinal barriers that have together combined to impede the development of independence within America's blind population.

As Matson explains, discriminatory features associated with both the content and implementation of the newly established federal Social Security and welfare system, together with the appalling lack of meaningful employment opportunities, had much to do with the origins of the National Federation of the Blind in 1940. How this embryonic, but later mature, organization of the blind, set out to alleviate these economic and social conditions is a fascinating theme and runs throughout the book. Some of the monetary and attitudinal issues confronted by the National Federation of the Blind leaders and general membership as described in the volume include employment within the public service, the right to organize, access to a broad range of educational programs, and the perennial matter of custodial care for the blind.

If the number of pages in this book devoted to an issue in any way reflects the importance and depth of feeling about particular matters, two or three subjects over the years have truly dominated the agenda of the National Federation of the Blind's movement. Entire chapters are given over to a detailed reprinting of the devastating assault by the National Federation of the Blind leadership on agency operated sheltered workshops and everything they stand for, the National Accreditation Council for Agencies Serving the Blind, and the American airline industry. Triumph over these entrenched discriminating institutions is portrayed as essential to the achievement of independence and first-class status by the blind of America. Any reader who possesses stamina and who is at all perceptive will end his journey through this book with the inescapable conclusion that seldom have emotionally laden attacks been as vitriolic, nor philosophic differences been so pronounced, by the participants on both sides of these troubling issues. However, the reader is left in absolutely no doubt as to who constituted the forces of darkness and who emerged as the saviours and liberators.

The volume in certain segments drops its harsh rhetoric and contains more upbeat and affirmative chapters. In these chapters, Matson discusses the debate over the teaching and use of Braille, praises the operation of the library system for America's blind, and describes the role the *Braille Monitor* has played and continues to play in popularizing and carrying out the programs of the National Federation of the Blind. The final chapter preceding the epilogue presents comparatively brief profiles and testimonials of a dozen or so active "Federationists" who over the years have both intellectually contributed to, and attitudinally benefited from this major organization of the blind.

Above all, this book is a record of the philosophy, attitude, and style adopted when dealing with governments, agencies for the blind, and a growing national organization of the blind by two distinguished and respected American leaders of the blind. The late Dr. Jacobus tenBroek, a university academic by profession and a committed activist where blindness issues were concerned, is generally credited with being the individual chiefly responsible for the founding of the National Federation of the Blind in 1940. He served as the Federation's President for almost all of its first quarter century. As portrayed by Matson, tenBroek's dynamic vision, charismatic leadership, and intellect set him far above the next level of the National Federation of the Blind leaders. His speeches before annual conventions of the National Federation of the Blind's delegates, as quoted in full, were crafted to inspire confidence in what a movement of America's blind people could do and arouse those present to action. According to the author, tenBroek's limitless energy enabled him to travel extensively organizing local affiliates, to embark upon lobbying efforts and to administer a growing staff, all while remaining a fully employed university faculty member.

His successor, Dr. Kenneth Jernigan, building on the tradition, has led the National Federation of the Blind for its second quarter century. Not unlike Dr. tenBroek, Jernigan emerges as a powerful leader with his own unique style of leadership. His speeches and correspondence differ only slightly in style, but not in substance, from those of the founder. They remain true to the founding objectives and the Federation's goals. Dr. Jernigan's captivating leadership, whether as the National Federation of the Blind's President, Executive Director, or *Braille Monitor* Editor, has given him enormous influence over the policies and direction of the organization. Through page after page, Dr. Jernigan's stature is recognized and extolled. Examples of his activism bordering on militancy include his willingness to lead demonstrations opposing unfair labour practices affecting the blind or unprofessional accreditation procedures for agencies and individuals ostensibly serving the blind.

The closing years of the half century are presided over by Marc Maurer, elected as the third president of the National Federation of the Blind. The published texts of several speeches provide an introduction to the early years of the Federation's most recent leader.

A happy coincidence with the International Year of Literacy is twofold. First, the records and documents of the National Federation of the Blind are in enviably good order as evidenced by the clinical precision of the narrative, and secondly there is loyalty to the principle of access to information with the option of reading the book in print or professionally produced on audio cassette and in Braille.

Viewed as an historical document, but read to acquire knowledge and insight on blindness, those who care and take seriously the movement and its issues will add this book to their "must read" list.

Dr. Euclid Herie, LL.D., President and Chief Executive Officer, Canadian National Institute for the Blind, Toronto, Ontario, Canada.

Dr. Gerald Dirks, Ph.D., Associate Professor, Brock University, St. Catharines, Ontario, Canada.

February 1991

NFB of California establishes first diabetics chapter in nation

(Continued from page 12)

Donovan Cooper, 421 Pass Ave. Apt. 11, Burbank, CA 91505; phone (818) 845-2356. Donna Seibert of Carmichael, CA was elected Vice-President. Matt Millspaugh, a resident of Tracy, CA is Treasurer. Adonna Frankel of Canoga Park, CA is the Secretary. The new Board Member representing the Diabetics Chapter is Betty Hendricks of Seaside, CA.

The NFB of California Diabetics Chapter is now open for membership. You need not be blind (or for that matter, diabetic) in order to become a member of the Diabetics Chapter. You need only be willing to support the goals and activities of the National Federation of the Blind and NFB Diabetics Division, have a sincere interest in addressing the problems and issues faced by diabetics in California and be willing to share yourself with others in need. Your membership will help both you and others. If you are diabetic or have a close friend or family member who is diabetic, the NFB of California Diabetics Chapter will be especially helpful to you.

Membership entitles you to one-year subscriptions to three magazines. These magazines are *The Braille Monitor*, published by NFB, *The Blind Citizen*, the state magazine of the NFB of California, and *Voice of the Diabetic,* published by NFB Diabetics Division. All of these publications are available in either print or on audio cassette. Cassette copies of the *Monitor* and the *Voice* are recorded in a four-track 15/16 IPS format. Such cassettes are playable only on cassette players available, on a loan basis, from your local library for the blind, or for purchase from vendors of specialized equipment for the blind. *The Blind Citizen* is recorded in the standard two-track 1⅞ IPS format and can be played on any cassette player.

Membership dues for the NFB of California Diabetics Chapter are $12 per year and are payable at the beginning of each calendar year. (Dues paid at the November 1990 organizational meeting will apply to calendar year 1991.) Dues should be sent, under cover of a letter of application, to Adonna Frankel, Secretary, NFB of California Diabetics Chapter, 7901 De Soto Avenue., Canoga Park, CA 91304; telephone: (818) 341-7111. In your letter of application, please specify the medium (print or audio cassette) in which you wish to receive your magazine subscriptions.

With confidence that memberships will produce better and longer lives, the NFB of California Diabetics Chapter is eagerly soliciting members.

The sweet truth: Sugar myths versus the facts

(Reprinted from *Better Homes and Gardens* magazine.)

From the Editor: This is a good article and may be of interest to ***Voice of the Diabetic*** *readers. Please remember that it was not written for the person who has diabetes, but for the individual who can metabolize glucose (sugar) correctly.*

Since most ***Voice*** *readers have diabetes and their bodies do not metabolize sugar correctly, it should be used in moderation and under direction of a physician and/or dietitian.*

Again, this article is good, so enjoy.

From chocolate desserts to heart-shaped candies, sugary treats do tempt our sweet tooths on occasion. Should we be worried about sugar? This *simple* carbohydrate has been blamed for excitability in kids, obesity, heart disease, and diabetes. Despite all the publicity, the verdict is in — sugar is not guilty on several counts.

MYTH: Natural sugars in fruits are better than added sugars.

FACT: Our bodies make little distinction among sugars, according to the Food and Drug Administration (FDA) Sugars Task Force. The major difference might be that one type of sugar, fructose, does not require insulin to be digested, while another type of sugar, sucrose, does. (And sucrose, not fructose, is the main natural sugar in certain fruits — cantaloupe, oranges, and peaches.) Whatever the source, our systems usually convert any sugar to glucose (blood sugar) for energy or convert any excess to body fat.

MYTH: Dark sugars are more nutritious than white sugars.

FACT: Honey, brown sugar, and maple syrup are not significantly more nutritious than table sugar. Honey does contain vitamins and minerals, but in very small amounts. Brown sugar is simply white sugar mixed with a little molasses. Molasses, especially blackstrap, does provide iron.

MYTH: Sugar causes hyperactivity in children.

FACT: Some moms swear that sweets at birthday parties make their kids act up. They may be disappointed to learn that taking the sugar out of celebrations is unlikely to calm children. The American Dietetic Association (ADA) and the FDA agree that there is no sound evidence to indicate that sugar is responsible for behavioral changes in youngsters *or* adults. In fact, some studies suggest that low-protein, high-carbohydrate meals can lead to relaxation and drowsiness.

MYTH: People can get "addicted" to sugar.

FACT: There is little evidence that sugar is "addictive." When the same people who claim they get a "rush" from refined sugar feel nothing from other blood-sugar-raising foods, their claim becomes questionable. At best, we can say humans are born with a love for sweets. When babies drink sugar water instead of plain, they smile and drink more.

MYTH: Overweight folks eat more sugar than others do.

FACT: To the contrary, studies suggest that heavier people tend to eat more fat, and less sugar, than thin folks. After all, fat has 9 calories per gram while sugar has 4 calories per gram. However, some foods are high in both fat and sugar. So, if you're trying to lose weight, it's wise to limit high-fat, high-sugar, high-calorie foods, because they offer little in the way of vitamins, minerals, fiber, and other essential nutrients.

MYTH: Sugar causes diabetes.

FACT: Diabetes results in the body's inability to metabolize sugar properly, but is not caused by eating too much sugar. It's also a myth that people with diabetes have to avoid *all* sugar. However, many do have to watch their weight, so they can't always afford to eat extra sugar calories. Diabetics need to work with their physicians and dietitians to determine how much sugar they can eat safely.

MYTH: Sugar is the biggest cause of cavities.

FACT: High-sugar foods contribute to dental cavities, but sugar alone is not the culprit. Many other carbohydrates can stimulate the acid that decays teeth. Such foods include breads, potatoes, fruits, rice, and grains. Regular tooth-brushing and good dental care help prevent cavities.

THINK SMART ABOUT SUGAR

Allowing your family an occasional small treat can make sugary foods seem less alluring. To keep the treats within reason, try adopting some of these smart sugar habits.

- When you have sweets, serve a set amount, then put the food away.
- Buy especially tempting treats only occasionally and in small amounts. Restaurants are great places for enjoying foods that you want to share or to limit to "just one."
- Eat sugary foods with meals, rather than alone, to decrease their likelihood of causing cavities.
- Try to limit beverages that contain sugar to mealtimes: juices, sweetened coffee or tea, colas, and milk. Between meals, choose water, an important thirst quencher.
- Encourage brushing of teeth as soon as possible after eating.

BE A SUGAR SLEUTH

The following words in a product ingredient list should tip you off to sugar: sucrose, sugar, dextrose (glucose), high-fructose corn syrup, honey, molasses, maple syrup, lactose, or maltose.

Because labels must list product ingredients in decreasing order of predominance, a sugar near the top of the ingredient list means it's a major part of that food. Yet, several sugars appearing farther down the list can add up to a large portion.

Should your sleuthing find that a food is high in sugar, consider what other nutritional benefits the product offers your family. Some high-fiber cereals may contain a lot of sugar, but they can be good for you, too.

— By Anne M. Fletcher, M.S., R.D., a nutrition book author, former executive editor of "Tufts University Diet & Nutrition Letter," and former diabetes educator at the New England Medical Center Hospital Diabetes Clinic.

TESTING YOUR SWEETNESS IQ

Sugar does more than sweeten life. That's why you should be smart about products that tout *reduced* sugar. Take stock of your sweet tooth with our quick quiz.

1. When counting calories, what is the most fattening, gram for gram?
   a. sugar **b.** fat **c.** alcohol **d.** protein **e.** all are equal
2. In baked goods, sugar contributes only to the sweetness of the product.
   a. true **b.** false
3. Food manufacturers may add sugar to certain foods because it acts as a:
   a. preservative **b.** flavor enhancer **c.** bulking agent **d.** fermentation aid **e.** all of the above
4. A product that is labeled *"sugar free"* or *"sugarless"*:
   a. is not sweet **b.** is reduced or low calorie **c.** contains fruit concentrate **d.** may have any sweetener but sugar
5. How many fewer calories does a *reduced-calorie* food or drink have, compared to the standard product?
   a. one-fifth **b.** one-half **c.** one-third **d.** one-fourth
6. Do jellies sweetened with fruit-juice concentrate contain more or fewer calories than those sweetened with sugar?
   a. more **b.** fewer **c.** similar amount
7. Sucrose is another name for:
   a. starch **b.** honey **c.** corn syrup **d.** table sugar **e.** fruit concentrate
8. Which of the following contains sugars?
   a. peas **b.** an apple **c.** chocolate chip cookie **d.** milk **e.** all of the above

THE SWEET ANSWERS

1.*b.* Surprised? Fat contains 9 calories per gram. Alcohol has 7 calories per gram. Protein and sugars or carbohydrates each contain 4 calories per gram.
2.*b.* False. In baking, sugar tenderizes cakes, crisps cookies, browns crusts, sweetens the flavor, and helps yeast breads to rise. Sugar also retains the moisture in baked products, prolonging their shelf life.
3.*e.* Depending on the food to which it is added, sugar can act as all of these things.
4.*b.* Products labeled *"sugar free"* or *"sugarless"* are considered to be reduced in calories or low calorie. If they are not low in calories, the Food and Drug Administration (FDA) requires the product label to state that fact.
5.*c.* The FDA mandates that a *reduced-calorie* product must have at least one-third fewer calories than the standard counterpart. Both the standard and reduced-calorie products must display the nutrition information clearly on the label.
6.*c.* Products made with fruit-juice concentrate and those made with sugar have similar caloric and nutrient values.
7.*d.* Sucrose is the technical name for table sugar.
8.*e.* Sugars or simple carbohydrates are not only found in sweets, but also in fruits, milk, and vegetables.

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A SWEET NOTE

According to a number of prestigious organizations — including the ADA, the FDA, and the National Academy of Sciences — there's no evidence that sugar is associated with any disease but dental cavities. That doesn't mean we should allow high-sugar foods to take the place of more nutritious foods, such as whole grains, fruits, and vegetables. Sugar in moderation is OK, as long as you eat a healthful diet *and* you can balance the extra calories.

Karen Mayry, President, Diabetics Division of the National Federation of the Blind, submits a recipe to the taste tester.

Ann Terry is a registered dietitian who works at the State Hospital in Fulton, Missouri and at the Veteran's Administration Hospital in Columbia, Missouri. She graciously calculates the diabetic exchanges and food values for our recipes.

Send your great ideas to the editor. He is the official taste tester and needs recipes to test his taster.

Chicken Soup
Submitted by Suzi Prows
from Kirkland, Wash.

This recipe appeared in the September, 1990 issue of the ***Braille Monitor,*** *published by the NFB.*

1 small fryer chicken, skinned
(either whole or parts)
4 large carrots
4 celery stalks
6-8 sprigs parsley
1 medium yellow onion, peeled

Rinse chicken and place in eight- to ten-quart stock pot.

Peel and cut carrots in half, and cut celery stalks in half. Tie parsley sprigs in a bunch (preferably using white thread). Place the vegetables in the stock pot with the chicken. Add enough water to cover.

Bring soup to a soft boil, then simmer covered on low about three to four hours. Take off the stove and let cool to room temperature for about one hour.

Remove the vegetables and chicken before refrigerating the broth overnight.

Next day, take congealed fat off the top of the broth. You may wish to reheat and serve the broth alone, or return the vegetables and chicken meat. The traditional way is to add matzo balls to the broth without vegetables.

Yield: 4 servings; Calories: 200 per serving; Diabetic Exchanges: 3 lean meats, 1 vegetable.

Apple Cobbler
Submitted by Karen Mayry
from Rapid City, S. Dak.

8 cups sliced apples
6 oz. pineapple juice
1/2 cup uncooked oatmeal
1/2 cup raisins
1 tsp. cinnamon
1/2 tsp. nutmeg
2 tbs. honey
1 cup crunchy nut-like cereal
(grapenuts)

Preheat oven to 350 degrees. Cover bottom of an eight-inch teflon-coated pan with uncooked oatmeal.

Cover oatmeal with mixture of sliced apples, juice, raisins, cinnamon, nutmeg, and honey.

Cover tightly with foil and bake for one hour.

Remove foil; sprinkle cobbler with cereal. Bake for an additional 15 minutes.

Yield: 8 servings; Calories: 200 per serving; Diabetic Exchanges: 1 bread, 2 fruits.

Oatmeal Raisin Cookies
Submitted by Gail Bryant
from Columbia, Mo.

Shortly after dinner one evening last week, the cookie monster came to call — and my, was he in a tizzy. He was tired of just ordinary cookies, and he hated the ones with that dietetic aftertaste. He had, or so he said, become a real health nut. He wanted a cookie low in fat, with no salt and cholesterol, and easy to make. He wanted a cookie that wouldn't crumble, be quick to bake, and wouldn't spread while baking or stick to the cookie sheet when baked. I could see that my cookie monster had high expectations and wouldn't settle for anything but the finest, so I baked and served oatmeal raisin cookies.

1 cup raisins
1 (6-oz.) can frozen apple juice
concentrate
1 stick lite margarine
1 beaten egg or 1/4-cup
egg substitute
1¼ cups flour
1 tsp. baking soda
1/2 tsp. cinnamon
1/2 tsp. dried orange peel
1/2 tsp. vanilla
2 cups rolled oats

Heat raisins, juice, and margarine until margarine melts. Beat in egg. Combine flour, soda, cinnamon and orange peel. Add to raisin mixture. Add vanilla and oatmeal. Let dough stand one to two minutes or until cereal has absorbed some of the liquid. Let dough chill if you want a firm consistency before baking to make dough easier to work with. Make cookies approximately the size of marbles. Place two inches apart on an ungreased cookie sheet. THESE COOKIES WILL NOT SPREAD! Mash dough to flatten. Bake at 350 degrees for 10 minutes or until lightly browned.

These cookies are rather moist. When thoroughly cool, place in a container with a tightly fitting lid. Do not cover while warm as they will become soggy and will be rejected by your cookie monster.

Yield: 72 cookies; Calories: 2 cookies = 60 calories, 4 cookies = 125 calories, 6 cookies = 185 calories; Diabetic Exchanges: 2 cookies = 1 fruit; 4 cookies = 1 fruit, 1/2 bread, 1/2 fat; 6 cookies = 1 fruit, 1 bread, 1 fat.

Sugar substitute *Sweet One* uses sweetening agent Sunette™

by Lois Babione, R.D., M.S.

Sunette™ is the most recent non-caloric sweetener approved by the U.S. Food and Drug Administration (July 1988). Its chemical name is Acesulfame. It is acceptable for use by persons with diabetes.

In the U.S., Sunette™ has been approved for use in items such as chewing gum, dry beverage mixes, non-dairy creamers and tabletop sweeteners. Presently, the most common product using Sunette™ is the sugar substitute Sweet One.

A unique feature of this new sweetener is its stability to heat, which means it does not lose its sweetness during cooking. However, when used in baking, adjustments in recipe ingredients may be necessary.

A serving of Sweet One (1 packet) is equivalent in sweetness to 2 teaspoons of sugar and contains 4 calories, 1 gram carbohydrate, and no fat, protein or sodium.

For more information or recipes using Sweet One, call 1-800-544-8610 or consult a registered dietitian.

It is important to remember that even when food is "sugar-free" or sweetened with a sugar substitute, it may still contain a lot of calories and raise blood sugar. Be aware of the total calories and carbohydrates in the food you buy and eat. **Read labels.**

A useful guideline regarding sweetening is: use a variety of sugar substitutes, in reasonable amounts; *learn to like the natural taste of unsweetened food;* and enjoy all food in moderation.

(*Note:* This article appeared Fall, 1990 in the *Florada,* published by the Florida Affiliate, Inc. of the American Diabetes Association.)

Dear friends and family ...

The Diabetes Treatment Center of Houston, TX asked its past and present patients to comment on measures that family members or friends can take to better support the person with diabetes. Some of the responses follow.

If you have comments that would help others better understand diabetes, please send them to the ***Voice*** editor.

... Please understand that I do not want to go out like we used to. I know when the pace is faster than I can handle. I know when I need rest. It's not that I'm grumpy or less fun or getting older, I just can't do what I used to do!

... Please support me when I stray from my diet by reminding me why I need to be so careful. Also help me by being aware of the first signs of an impending insulin reaction.

... As a diabetic, it is important that I take my medication, and eat suitable meals at appropriate times. It would be helpful if you would remind me to stick to my regimen.

... When I say "No thank you" to the dessert or snack you have offered, please don't insist that I try "just a taste." I know you have gone to a lot of trouble to prepare that special treat, but it is not on my diet, and I don't want to be sick all night.

Advocate for the blind wins top award for local volunteers

by Sara Summerhays
of the **Tribune** staff

From the Editor: This article appeared Thursday, May 2, 1991, in the Columbia Daily Tribune, *Columbia, Missouri. It had a few inaccuracies about myself which I have corrected. I normally don't print personal profiles about myself. However, the following article may be enlightening.*

The Columbia chapter of the National Federation of the Blind (NFB) of Missouri received $1,000 for my volunteer work. Half of the money was donated to the Diabetics Division of the NFB. The other half will be used to help blind people in the central Missouri area.

As recipient of the 1991 Columbia, Missouri Golden Rule Award, I am eligible for the nationwide competition. The national winner is awarded $10,000 and each of the four runners-up receives $5,000.

Volunteers are a vital community resource, and I urge ***Voice*** *readers to find time to help their communities by volunteering. It is a means of personal growth and fulfillment.*

When Ed Bryant's sight began to dim 14 years ago, he thought it was simple eyestrain from long hours in his St. Louis office. Fear set in after glasses and an operation failed to help.

Four years later, Bryant was blind from diabetes.

"I kept asking myself, 'How am I going to be independent? How am I going to balance my checkbook or travel?' I have since found that if you really want to do it, it isn't all that difficult."

Bryant, 46, has done more than overcome his own adversity. The Columbia man has dedicated his life to helping other blind people learn to live happy and productive lives.

Yesterday, Bryant was selected from a field of 15 area volunteers and 12 organizations to receive the Golden Rule Award for his undaunting service to the National Federation of the Blind. The second annual award was given on behalf of J.C. Penney and the Voluntary Action Center during an award ceremony at the Holiday Inn Executive Center.

Certificates of Merit were given to Kay Lindner for her volunteer service with Columbia Public Schools; Naoma Powell for her service at the School of Service-Access Arts at 1724 McAlester St.; Perri Van Vleck of the University of Missouri-Columbia Women's Center; and Meals on Wheels.

"My name was submitted last year for the award, but I didn't win," Bryant said. "I thought maybe I had done enough this year to win, but there were an awful lot of good people nominated."

As the winner, Bryant received an engraved bronze sculpture of the Golden Rule Award and a contribution of $1,000 from J.C. Penney to his service organization.

Muriel Battle, principal of West Junior High School and chairwoman of the eight-member judging panel, said selection of the finalists and winner was "extremely difficult because of the unique quality of the nominations."

Bryant spends up to 230 hours a month editing the ***Voice of the Diabetic,*** a quarterly newsletter that he founded to help others going blind or blinded by diabetes. The tabloid is published by the National Federation of the Blind, an organization to which Bryant has belonged for twelve years.

The first issue of the newsletter had about 600 copies. Today, the ***Voice*** is circulated to more than 42,000 people worldwide. Tom Stevens, vice president of the National Federation of the Blind, said information in the newsletter "has literally been lifesaving in a few instances." Stevens nominated Bryant for the award in 1990 and again this year.

"I want to show blind people that they can work and not hibernate and stay in a corner," Bryant said. "You have to accept things and go on with your life."

Bryant said that diabetes causes up to 24,000 people to go blind each year. Misconceptions about blindness often leave blind people feeling helpless and, at times, unnoticed, he said.

"I find that when I go to the store with someone, I pay for the groceries, but the cashier often tries to give the change to the person I'm with," Bryant said. "Or people will see me crossing the road and grab my arm and attempt to drag me across the street without asking."

Bryant said he understands that most of these people are trying to help, but often they never ask him if he needs assistance.

"People simply need to ask," he said.

Carla Cosgrove, 20, a University of Missouri-Columbia student who helps Bryant with the newsletter based at 811 Cherry St., said Bryant is easy to work for.

"He's really understanding when you make a little mistake," she said. "He doesn't get all over your case."

THE WHITE HOUSE
Washington
March 29, 1991

Dear Friends:

Because our nation's greatness will be measured less by our wealth than by our willingness to help others, I am delighted to have learned of your generosity and hard work in behalf of your fellowman.

You have earned the admiration of your colleagues and neighbors through your commitment to the values that have made our nation great — duty, sacrifice, and a patriotism that finds its expression in voluntary community service. Your efforts illustrate how each of us can make a difference in the lives of others, how each of us can be a shining "Point of Light" in our community. I commend you for your achievements.

Barbara joins me in wishing you continued success and every happiness in the future. God bless you.

Sincerely,

George Bush

What you always wanted to know but didn't know where to ask

(Resource list)

(Inclusion of materials in this publication is for information only and does not imply endorsement by the Diabetics Division of the NFB.)

Equipment

Aicom Accent Text-To-Speech Synthesizer: Converts text on your computer screen to speech, with vocabulary of over 20,000 words. Six models: full-length ($745) or half-length ($545) PC plug-in cards for IBM PC-compatibles; cards for Toshiba laptops T1200, T1600 or T1000SE (all $625); plug-in card for Microchannel PS/2 ($895) or stand alone unit with RS-232C link to any computer ($995). Supported by all major screen reader programs. Contact: Aicom Corp., 1590 Oakland Road, Suite B112, San Jose, CA 95131; Tel: (408) 453-8251; fax: (408) 453-8255.

TeleSensory, 455 N. Bernardo Ave., Mountain View, CA 94043; telephone toll-free: 1-800-227-8418, or locally at (415) 960-0920.

This company carries a comprehensive line of computer products for the blind/visually impaired. For example, a reading system that "scans and converts print documents to be read, modified, or saved on an IBM AT, PS/2 Micro Channel or compatible computer." They also "offer a wide range of products that work with Apple computers to provide large print, speech, Braille, or tactile output."

Sleep Sentry: Worn like a watch to warn diabetics of nighttime insulin reactions. Perspiration triggers alarm. Cost: $275 plus $2 handling. Contact: Diabetes Supplies, Inc., 8181 North Stadium Dr., Houston, TX 77054; telephone toll-free: 1-800-622-5587 or in Houston (713) 622-5587.

Accu-Chek II Freedom Glucose Meter with Audio Output: Has a finger guide which assists in getting a drop of blood onto the test strip pad. Once a drop of blood is on the pad, the machine says, "Start the timer." The user receives audio cues throughout self-testing. Dimensions: approximately 12" x 12" x 7", weight about 11½ lbs.; includes cassette instructions. Suggested retail price: $650-$700. Contact: Boehringer Mannheim Diagnostics, Inc., 9115 Hague Road, Indianapolis, IN 46250; telephone toll-free: 1-800-428-5074.

Maxi Aids is a distributor that offers the Freedom System for $598.95 plus $2.00 handling. Telephone toll-free: 1-800-522-6294.

Diascan-SVM Glucose Meter with Audio Output: Blood can be smeared on the test-strip pad and still produce an accurate clinical reading. The manufacturer offers a $125 rebate. Suggested retail price is $635. With rebate (including cassette instructions) it is $510. A sample cassette is offered free upon request. Contact: Home Diagnostics, Inc., 6 Industrial Way West, Eatontown, NJ 07724; telephone toll-free: 1-800-342-7226; in NJ call: (201) 542-7788.

Microwave Times

The *Microwave Times* is a bimonthly magazine featuring about 45 pre-tested recipes per issue, plus tips and techniques on microwave cook-

(Continued on page 19)

Food For Thought

And She Danced and Danced and ...
by Cheryl McCaslin

From the Editor: Cheryl McCaslin is a librarian in the Dallas, Texas public school system. She is also chairwoman of the Resource Library committee for the Diabetics Division of the NFB. Occasionally, one of my spies relates an eyebrow-raising story heard "through the grapevine" about the activities in the personal lives of members of the Diabetics Division. A while ago, I learned of a particularly hot story coming out of the Dallas-Fort Worth area. The story needed to be printed, but I wasn't sure if the presses could stand the heat. Being a responsible editor, I put the story under my hat. But, when I detected smoke coming from my chapeau, I knew I'd have to take a chance on printing the report. It seems that a well known Diabetics Division member has been burning up the dance floor in a certain Dallas hotel! Recently, I received confirmation from the subject who states that she was motivated to participate in such goings-on by some fancy stepping dude named Murray! The full report follows.

On February 24, 1991, the Dallas-Fort Worth Sheraton Hotel provided the location for an exciting time for Cheryl McCaslin. Why was this an exciting day for her? She is the only blind person in Dallas, Texas enrolled in Arthur Murray ballroom dance lessons. This was her showcase day. With her instructor, Michael Hamilton. Cheryl had worked up a fox-trot routine for which she won a trophy! A few days later, on February 26, her routine received an evaluation from Sam, the event judge. She earned a score of 91. Having enjoyed herself tremendously, Cheryl plans on continuing the fun and excitement of dance lessons in addition to meeting new people. Two things have made this venture successful. First, it has provided a good chance for exercise. Secondly, it has shown that the blind can compete on equal terms with the sighted. Cheryl invites you to come to Dallas, Texas for the excitement of Arthur Murray dance lessons!

Cheryl McCaslin

Mail Rx

We have been asked to announce: The latest in a growing list of membership benefits is Mail Rx, a program that could save NFB members considerably in prescription costs.

The Mail Rx Program is a voluntary mail service prescription drug plan available exclusively to NFB members and their families. Under the program, members can order their maintenance medications and pay the average wholesale price instead of the retail price charged at other pharmacies.

Costs associated with all facets of the health care industry continue to rise and we are proud to offer a program that can help members save money.

The program is designed to offer NFB members three advantages: saving them money, time, and paperwork.

The Mail Rx program is administered by Mail Rx, a pharmaceutical firm based in Maryland, that fills more than 100,000 prescriptions per year. Members who have any questions about the program should call 1-800-262-4579.

To enroll in the program, members must first complete a patient profile form. Then, they should mail the form, along with their prescriptions, to Mail Rx. The firm will fill the prescriptions and ship them directly to a member's home via UPS. If a member has given prior authorization, his or her credit card will be charged. Mail Rx will submit pharmacy claims to the insurance company.

The program cannot be used for all medications, just those that a physician prescribes for use over a long period of time. Such drugs are usually prescribed for heart disease, high blood pressure, asthma, ulcer, birth control, and other conditions. Generic drugs will be dispensed unless otherwise specified by a physician.

Q. What does the Easter Bunny get for a basket?
A. Two points, same as everybody else.

Q. What kind of corsage should you give to Lassie?
A. The one made out of collieflowers.

North American Van Lines

*This article appeared in the February, 1991 edition of the **Braille Monitor**, a national magazine published by the National Federation of the Blind.*

In the spring of 1989 we entered into an agreement with North American Van Lines regarding members of the National Federation of the Blind who use North American to move household articles from one place to another in the 48 lower, contiguous states (that is, not including Alaska and Hawaii). Recently there has been a change in this agreement which increases the reduction in moving rates available to our members. Previously, if you arranged for North American Van Lines to move, you got a contract that let you move with 35% off the normal moving costs and 25% off the normal storage costs if you were a Federationist. (There are published tariffs that say how much moving companies should charge for moving materials from one place to another by truck. The Interstate Commerce Commission establishes the rates.) Our new agreement provides for a 40% rate reduction. In addition to the rate reduction, North American Van Lines will continue to make a contribution to the National Federation of the Blind equal to 2% of all costs of moving for those who use this program.

If you want to contract with North American Van Lines to move your materials, you should call Cindy Rupples at 1-800-873-2673. Tell her that you are a member of the National Federation of the Blind, that you know about the agreement between the National Federation of the Blind and North American Van Lines, and that you want to sign up to get moved. Then remind her that 2% of the moving costs will be contributed to the National Federation of the Blind.

South Carolina Phone Company Will Bill in Braille

Donald Capps, President of the National Federation of the Blind of South Carolina, reports that Southern Bell is the first telephone company in the nation to provide telephone bills in Braille. Southern Bell offers the Braille service without charge to its blind and visually impaired customers in South Carolina. Mr. Capps commented, "We commend Southern Bell for taking this step. Receiving a Braille telephone bill will help visually impaired customers become more independent and afford them more privacy."

In announcing the new innovation, Southern Bell Vice-President Joe Anderson remarked, "We are very pleased to be able to provide this service to our blind and visually impaired customers. There is a great desire among people with disabilities to become more independent, and we want to do everything we can to help bring that about."

Taking part in the venture is Metrolina Association of the Blind in North Carolina which will receive billing summaries transmitted to their computer. Metrolina will convert the data into a short-hand-like language and print the bill in Braille.

Editor's Note: Check with your local and/or long distance carriers for availability of Braille billing in your area.

Bimonthly Classifieds

We have been asked to carry the following announcement:

Bimonthly Classifieds for the Visually Impaired is an audio cassette de-

signed specifically to meet the advertising and shopping needs of the visually impaired. However, anyone, blind or sighted, can subscribe or place an ad.

Advertise a single item you would like to buy, sell or trade for just $1; ads of a personal nature are also $1. Advertise crafts, services or products for $2 each. Advertise the availability of your company's catalog for $3.

With an annual subscription fee of only $12, you should take advantage of this unique offer. Everyone is entitled to place a free ad within one year of subscribing.

After joining, you will receive a free gift each time a new subscriber lets us know they heard about *Bimonthly Classifieds* from you. There's no limit!

Subscribers are automatically entered in the Christmas cash drawing to be held each December 8th: first prize $100, second prize $50, and third prize $25.

To subscribe, make check or money order for $12 payable to Chilton and Company and mail to 4905 Park Avenue, Nashville, Tennessee 37209. Be sure to include your name, address and telephone number. A sample copy of *Bimonthly Classifieds for the Visually Impaired* may be obtained for $1.00.

Ads and subscription information may be submitted in Braille, print or on cassette. If you have any questions, please contact Chilton and Company at (615) 385-9974.

Don't Let Insurance Stop You

Insurance is no barrier to hiring the blind. Misinformation about insurance coverage for blind workers deprives many businesses of the contributions blind workers could make. JOB (Job Opportunities for the Blind) is a joint project of the NFB and the U.S. Dept. of Labor, and wants you to know the facts about insurance and the blind.

Insurance rates will NOT go up if you hire a blind person. Accident insurance rates are based on the actual experience of a company. Individual characteristics of workers are not considered when determining your insurance rates.

Blind workers are not a greater insurance risk. Every study ever done indicates that the safety records of blind employees equal or exceed those of sighted workers.

You may not be charged higher workman's compensation if you hire a blind worker. Workers who are already blind when they are hired cannot collect workman's compensation based on blindness. Likewise, they cannot be denied benefits because of their blindness.

For information about JOB, contact Lorraine Rovig, Director, Job Opportunities for the Blind, 1800 Johnson St., Baltimore, MD, 21230; phone toll-free 1-800-638-7518.

Always wanted to know (Continued from page 17)

ing. Subscriptions are available in Braille, audio cassette and print format from CL Productions, 2905 Berkshire, Mesquite, TX 75150; phone: (214) 681-2771. Cost: 1 year in Braille — $34.00; on audio cassette — $31.00; in print — $9.95.

Aids and Appliances

The *Voice of the Diabetic* reaches thousands of newly-blinded men and women who often aren't aware of available resources. The National Federation of the Blind (NFB), with more than 50,000 members, is the largest organization of blind people in existence.

The NFB has a materials center which houses thousands of products. A wide variety of items are available, such as: white canes and accessories, Braille and print writing supplies, Braille watches, talking clocks and calculators, cassette players/recorders, measuring devices, housewares and games.

An aids and appliances descriptive order form is available in Braille (LBA04B) and/or print (LBA04P). Please order free copies from the National Federation of the Blind, Materials Center, 1800 Johnson St., Baltimore, MD, 21230; phone: (301) 659-9314.

Literature

Note: The following two books are sold by Diabetes Center, Inc., DCI Publishing, P.O. Box 47945, Minneapolis, MN 55447-9727; phone: (612) 541-0239 ext. 815; phone toll-free non-metro Minnesota: 1-800-444-5951 ext. 815; phone toll-free outside Minnesota: 1-800-848-2793 ext. 815.

The Guiltless Gourmet Goes Ethnic by Judy Gilliard and Joy Kirkpatrick, R.D. In this book, the authors offer recipes from Italian, French, Mexican, Spanish and Cajun cuisines that have been modified to fit low-fat diets. Each recipe is measured for protein, carbohydrate, fat, sodium, cholesterol, dietary fiber and percent of calories from fat. Suggestions are also given for creating an ethnic atmosphere along with the dishes through table settings, music and serving styles. This book is not for beginners, since many of the recipes are complex. *The Guiltless Gourmet Goes Ethnic* was reviewed in the Spring, 1991 edition of *Living Well With Diabetes*. Cost: $11.95 plus $2.00 handling.

Diabetes: Actively Staying Healthy. by Marion Franz, M.S., R.D., C.D.E. and Jane Norstrom, M.A. This book contains suggestions and guidelines for developing complete exercise programs for people with diabetes. Cost: $6.95 plus $2.00 handling.

ADVERTISERS

Effective advertising doesn't scream at its audience. It persuades. It sells. The key to cost-effective advertising is making your voice heard where an audience is already listening. *Voice of the Diabetic* offers such an outlet. Make *your* voice heard. For advertising information contact:

Voice of the Diabetic
Ed Bryant, Editor
811 Cherry Street, Suite 309
Columbia, MO 65201
(314) 875-8911

Membership/Subscription/Donation Form

The ***Voice of the Diabetic*** is a quarterly magazine published by the Diabetics Division of the National Federation of the Blind (NFB) for anyone interested in diabetes, especially diabetics who are blind or losing vision. It is an outreach publication emphasizing good diabetic control, diet, and independence.

Because production costs exceed subscription rates, all donations are accepted and very much appreciated.

You may receive the ***Voice*** as a member or non-member. **Please check one:**

☐ I would like to become a *member* of the NFB Diabetics Division and, as a member, receive a free subscription to the ***Voice of the Diabetic.*** Membership fee is $5.00 per year. (Members of our Division enjoy certain advantages, such as, if side effects occur, members can be put in touch with others having similar experiences.)

☐ I would like to subscribe to the ***Voice of the Diabetic*** as a *non-member* at the institutional rate ($15.00/one year; $28.00/two years; $40.00/three years.) (Higher rates reflect actual $15.00 production cost per year.)

Send the ***Voice*** in (check one): ☐ print ☐ cassette tape for the blind (at no extra cost, recorded at 15/16 IPS) ☐ both

Optionally, check this box:

☐ I would like to make (or add) a tax-deductible contribution of $_____ to the Diabetics Division of the NFB.

Please print clearly

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (_____) _____

Send this form or a facsimile along with your check to our editor:
Ed Bryant, 811 Cherry St., Suite 309, Columbia, MO 65201

Please make all checks payable to:
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Accent-SA	Stand alone, battery operable unit, RS-232C link to any computer ($995)
Accent-mini	Half length PC plug-in card, runs on PC's CPU/Memory ($545)
Accent-1600	Toshiba T1600 and T1200 Laptop plug-in card ($625)
Accent-XE	Toshiba T1000LE, T1000XE, and T1000SE Laptop plug-in card ($625)
Accent-L40	IBM PS/2 L40SX Laptop plug-in card ($625)

DEALERS WITH SCREEN-REVIEW PROGRAMS SUPPORTING ACCENT PRODUCTS

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Interface Sys.	FREEDOM-1/ISOS	(503) 665-0965	IBM (Non-Dealer)	SCREEN-READER	(800) IBM-2133

OTHER U.S. DEALERS

Access Technologies, Inc.	(205) 880-8717	Centrum Business Sys.	(303) 939-8888	LS and S	(800) 468-4789
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